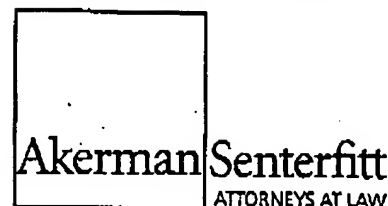


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From: Michael K. Dixon/vb

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Re: Response to Office Action  
U.S. Utility Patent Appln. No. 10/690,150  
"FIRE SPRINKLER FLOW CONTROL DEVICE"  
Art Unit: 3752  
Examiner: Hogan, James S.  
Our Ref: 5853-312

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[WP254761;1]

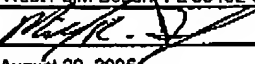
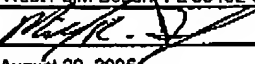
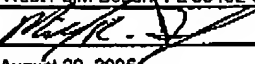
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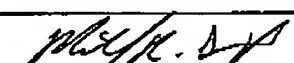
**AUG 29 2005**

PTO/SB/21 (02-04)  
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/660,150
		Filing Date	October 21, 2003
		First Named Inventor	Silverstein et al.
		Art Unit	3752
		Examiner Name	Hogan, James S.
		Attorney Docket Number	5853-312
Total Number of Pages in This Submission	20		

ENCLOSURES (Check all that apply)								
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Replacement Drawings (Figures 1-5)						
Remarks								
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> <table border="1"> <tr> <td>Firm or Individual name</td><td>Michael K. Dixon/Akerman Senterfitt/Reg. No. 46,665 P.O. Box 3188 West Palm Beach, FL 33402-3188</td></tr> <tr> <td>Signature</td><td></td></tr> <tr> <td>Date</td><td>August 29, 2005</td></tr> </table>			Firm or Individual name	Michael K. Dixon/Akerman Senterfitt/Reg. No. 46,665 P.O. Box 3188 West Palm Beach, FL 33402-3188	Signature		Date	August 29, 2005
Firm or Individual name	Michael K. Dixon/Akerman Senterfitt/Reg. No. 46,665 P.O. Box 3188 West Palm Beach, FL 33402-3188							
Signature								
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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003, Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ ) 0.00

**Complete if Known**

Application Number	10/690,150
Filing Date	October 21, 2003
First Named Inventor	Silverstein et al.
Examiner Name	Hogan, James S.
Art Unit	3752
Attorney Docket No.	5853-312

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
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Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ ) 0.00

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 88	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 0.00

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**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 280	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1480 130	1480 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

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**SUBMITTED BY**

Name (Print/Type)	Michael K. Dixon	Registration No. (Attorney/Agent)	48,665	Telephone	561.653.5000
Signature		Date	August 29, 2005		

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**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

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TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

**Complete if Known**

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Filing Date	October 21, 2003
First Named Inventor	Silverstein et al.
Examiner Name	Hogan, James S.
Art Unit	3752
Attorney Docket No.	5853-312

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**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

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1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

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**SUBMITTED BY**

Name (Print/Type) Michael K. Dixon

Registration No. 46,665

(Complete if applicable)

Telephone 561.653.5000

Signature

Date August 29, 2005

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